

Please complete a separate form for each participant (10% processing fee deducted from all refunds)

PARTICIPANT'S LAST NAME _____ **First Name** _____

Birth Date _____ Age _____ Male ☐ Female ☐ Entering Grade _____ (if applicable)

SPECIAL CONCERNS: List any special needs, health or behavioral issues, or concerns of participant: _____

PROGRAM #	TITLE	DATES	TIME	FEE
PAYMENT TYPE: Cash _____ (in person only) Check # _____ (payable to "Town of West Hartford")			Scholarship Donation Program # 992001 TOTAL	\$

[illegible][illegible]

Emergency Contact for Participant _____ Relationship _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

I realize that as with any physical activity there is a possible risk of accidental injury to me/my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which I/my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which I/my child may suffer while participating in this West Hartford Leisure Services Program. Leisure Services reserves the right to photograph program participants. Photos may be used for promotional and advertising purposes by the Town of West Hartford.

Signature _____ **Date** _____

This section MUST BE COMPLETED if you are registering a CHILD for a program that runs 3 HOURS OR MORE A DAY.

Has participant been prescribed an Epi-pen? Yes _____ (if yes, an Epi-pen form will be sent to you) No _____

Please list and describe your child's known allergies, known illnesses, physical limitations, special needs, etc.:

List Medications

Family Doctor's Name	Doctor's Phone Number
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Please read below & if you understand & agree to each statement write your initials in the space next to the paragraph to signify your understanding and agreement.

_____ In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: **Hospital Name** _____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_____ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

_____ In the event that my child needs to be transported by ambulance, I give my permission for such transportation & agree to assume all expenses incurred by transportation.

_____ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

_____ **FIELD TRIPS:** I hereby give my permission for my child to go on the field trips scheduled for his/her particular camp program. The exact schedule will be provided to me at the beginning of the camp session. If I do not wish my child to attend the field trip, I understand that I will make other arrangements for my child on that day.

Complete form and send to appropriate facility:

Customer Service Town Hall	50 South Main Street, West Hartford 06107	Leisureservices@WestHartfordCT.gov	fax 860-561-7519
Elmwood Community Center	1106 New Britain Avenue, W. Hartford 06110	ECC@WestHartfordCT.gov	fax 860-561-8161
Veterans Skating Rink	56 Buena Vista Road, West Hartford 06107	Vmsr@WestHartfordCT.gov	fax 860-561-8291
Westmoor Park	119 Flagg Road, West Hartford 06117	WestmoorPark@WestHartfordCT.gov	fax 860-236-3815

Or register on-line at www.WestHartfordCT.gov/LeisureServices